

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

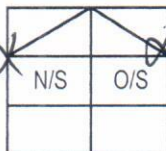
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Veh No:

FR573456

Yr Regn:

26/07/21

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Yamaha Nmax

c.c

155

Colour

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

47647

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MM3565680MJ079379

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: ~~N/S~~ / S/Rim / STD A/Rim or

Tyre Size:

F:

110-70-13

R:

130-70-13

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

19/10/22

D.O.I.

25/10/22

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S frt, o/s Body

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Rep 1500

No Settlement. PRS

Survey on 25-10-22 @ 1.25pm.

Pls get A.4?

After repair on 31-10-22 @ 12.12pm.

11/11/22 Repair range \$1500-\$2500 3 days
change fairing, front fender, exhaust cover mirror

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) ___ S + RS ___ SI

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$